SUPPORT REQUEST

		Prescribing	Directive M	cCov 350-2			
FROM:	Prescribing Directive McCoy 350-2 DATI		E:				
THRU:							
(IMNW-MCY-P 2113 South J Fort McCoy, W To request sup form and subn from the RRC, enclose the ap		ing (AT) or Multiple U channels for approva support request form to reemphasize impoi	al. The origing does not exp	nal must be f xpress your s	orwarded t support nee	o Fort McCoy w	ith approval oncisely,
1. Training pe	eriod:					_	
2. Type of tra	iining:	MUTA or		ANNUAL	TNG		ARNG
3. Training ob	ojectives:						USAR
						-	RA USMCR
(NV	'G, Weapons Qualification,	ARTEP, MOS Training, etc	;.)				OSIVICIT
4. (a) UIC:		(b) DODAAC:					
5. Unit POC:							USNR
	Rank Name		Phone				USAF
POC FA	AX Number POC	e-mail address					OTHER
6. Unit's RRC	or TAG:						
7. Total numb	per of personnel to be						

8. Complete the elements below based on the number of personnel to be PHYSICALLY at Fort McCoy. **ELEMENTS** NO. OFF NO. EP ARRIVAL DEPARTURE MODE OF OIC M/F M/F DATE/TIME DATE/TIME **TRAVEL** a. Advance Party b. Main Body c. Rear Detachment 9. BILLETING REQUIREMENTS NAF QUARTERS: Rooms reserved in this section require payment. These rooms are TDY guarters furnished with cleaning service and amenities. Units requesting rooms for Generals, Unit Commanders, other officers and senior enlisted will provide the Billeting Office with a roster prior to arrival. Roster will include rank, name, SSN, unit and dates required. FAX rosters to (608) 388-3946. For more information call (608) 388-2107. # of rooms requested: Sr. Enlisted Sr. Enlisted General Unit Other (SFC-SGM) (SFC-SGM) Officer Commander Officers Male Female AT and MUTA BOQ/BEQ: Rooms requested in this section are for officer and senior enlisted at no cost to the occupant. Unit will sign for rooms, linen and clean rooms for turn-in. Unit may request cleaning service with unit funds or personal payment as a group. Number of rooms required: Male Female Sr. Enlisted Sr. Enlisted Officer Officer (SFC-SGM) Male (SFC-SGM) Female 10. BUILDING REQUIREMENTS ___ Dispensary Barracks (Cap 50) Male Female (Bn) Admin (Cmd Bldg) _____ Company _____ (Capacity each) _____ Chapel Classrooms (Refrigeration Only) Dining Facility (Consolidated) _____ (Company) If not drawing a dining facility, state dining plans (Garrison Mess Bldg 50, dine with another unit or field, etc.) (For units without organic dining capability, or requiring advance party to be fed, indicate support required in paragraph 16.) Maintenance Facility _____ 11. PARKING SPACE REQUIREMENTS: Wheeled Vehicles Track Vehicles

Aircraft (Number/Type)

POV's

Date(s) Required	
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TWORK REQUIREMENTS:	
# of Frequencies	
200 Freqs: YES / NO	
# of Frequencies	
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	# of Frequencies # of Frequencies # of Frequencies # of Frequencies

16. DINING SUPPORT FROM INSTALLATION DINING FACILITY (BLDG 50): Number of persons each meal: (Units with organic mess, for advance and rear detachments ONLY).

DATE	BREAKFAST	LUNCH	DINNER

- 17. EQUIPMENT REQUIREMENTS: <u>AT/MUTA Units</u>: Submit equipment request through command channels on FORSCOM Form 156-R to CDR, 88th RRC DCSLOG, (AFRC-CMN-LG), 506 Roder Circle, Fort Snelling, MN 55111-4009.
- 18. COPIER REQUEST: Quantity

FAX MACHINE REQUEST: Quantity

DATES REQUIRED:

Send	Form
OCILA	

Commander 's Signature
Commander 's Name (Printed)

Rank